

Washington School Nutrition Association Hobart Corporation Education Scholarship Application

Title: Food and Nutrition Education Scholarship Type: Grant: One \$600 or two \$300

SCHOLARSHIP DEADLINE: MAY 1

DIRECTIONS: Please read carefully before completing. Type or print. Submit **three (3) copies**. Attach extra pages if necessary. *Please take note of the requirements on page 3 and include them with the application.*

Name: _____

Address: _____
(street) (city) (state) (zip)

Home Telephone: (_____) _____ Work Telephone: (_____) _____

SNA/WSNA Membership #: _____ Have you been a member for one year? _____ Yes _____ No

Education: (High School, College or University - List all attended):

<i>School Name</i>	<i>City/State</i>	<i>Year Attended</i>	<i>Degree/Diploma</i>
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Have you received a high school diploma? _____ Yes _____ No

If no, have you received a G.E.D.? _____ Yes _____ No

Have you previously received an SNA or WSNA Scholarship(s)? _____ Yes _____ No

If so, date received _____ Name of scholarship (s) _____

Work Experience: (list most recent first)

1. _____
Type of work or position Dates School or Institution Location

Immediate Supervisor: _____
Name Address

Hobart Educational Scholarship

Work Experience (cont): (list most recent first)

2. _____
Type of work or position Dates School or Institution Location

Immediate Supervisor: _____
Name Address

3. _____
Type of work or position Dates School or Institution Location

Immediate Supervisor: _____
Name Address

Planned Program of Classes:

Complete Section 1 if you plan to attend a vocational/technical training institution.

Complete Section 2 if you plan to attend a college or university.

All applicants must complete Section 3.

Section 1: Briefly describe the program which you intend to pursue.

Section 2: Working on a degree? _____ Master's _____ Bachelor's _____ Associate
 _____ Certification _____ Other

Major area(s) of study: Undergraduate: _____
 Graduate: _____

Name and location of school in which you are presently enrolled:

College/University Name

City/State

Department: _____ Name of Major Advisor: _____

Hobart Educational Scholarship

Section 3: Planned date of completion or graduation: _____

Attach a copy or transcript of a minimum of one completed course and proof of enrollment or acceptance as a student (See # 1 and # 3 criteria).

How do you plan to utilize this training in the school food service industry?

State financial need for this scholarship.

Mail this form to WSNA Scholarship Chair

Hobart Corporation Education Scholarship

Title: Hobart Education Scholarship

Type: Grant of \$300 scholarship awarded

Criteria/Requirements for Hobart Scholarship:

1. Provide ***proof*** of enrollment or acceptance as a student in a college or university that has a program in Foods and Nutrition or Food Service Management, or a vocational/technical institution.
2. Be a current, active member of SNA/WSNA for a minimum of 1 year.
3. Maintain a minimum grade point average of a 2.7 on a 4.0 scale. Applicant must have completed at least one course of the planned program and provide transcript of the same.
4. Indicate evidence of a financial need.
5. Provide a statement of future professional plans.

Scholarship awards will be made at WSNA Annual Conference.